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PTO/SB/21 (09-04)
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| | | | |
|---|----------------------|------------------------|---------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/631,147 | |
| | Filing Date | 07/31/2003 | |
| | First Named Inventor | Christopher Seigneur | |
| | Art Unit | 3726 | |
| | Examiner Name | Stephen Kenny | |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | 108643-133020 |

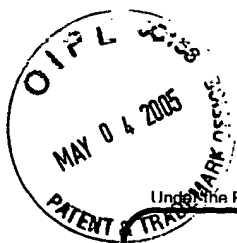
| ENCLOSURES (Check all that apply) | | |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|-----------------------------------|----------|--------|
| Firm Name | Schwabe, Williamson & Wyatt, P.C. | | |
| Signature | | | |
| Printed name | Christopher J. Lewis | | |
| Date | 05/02/2005 | Reg. No. | 51,246 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|---|---------------------|------|------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature | | | |
| Typed or printed name | Allison L. Pentheny | Date | 05/02/2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

| | |
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| Application Number | 10/631,147 |
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| Examiner Name | Stephen Kenny |
| Art Unit | 3726 |
| Attorney Docket No. | 108643-133020 |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☒ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 500393 Deposit Account Name: SCHWABE

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | | |
| - 20 or HP = _____ x _____ = _____ | | |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims | | |
| - 3 or HP = _____ x _____ = _____ | | |
| HP = highest number of independent claims paid for, if greater than 3. | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fees Paid (\$)

\$180.00

SUBMITTED BY

| | | | |
|-------------------|----------------------|--|-------------------------|
| Signature | | Registration No. (Attorney/Agent) 51,246 | Telephone (503)222-9981 |
| Name (Print/Type) | Christopher J. Lewis | Date 05/02/2005 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application for:

Christopher Seigneur

Application No.: 10/631,147

Filed: 07/31/2003

For: STUMP TREATMENT GUIDE BAR

Examiner: Stephen Kenny

Art Group: 3726

Confirmation No. 2248

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: 05/02/2005

Typed or Printed: Allison L. Penhery

Signature

A handwritten signature in black ink, appearing to read "Allison L. Penhery", written over a horizontal line.

Signature: Date: 05/02/2005

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to 37 C.F.R. § 1.97(g), the submission of this Information Disclosure Statement (IDS) is not to be construed as a representation that a search has been made, and, pursuant to 37 C.F.R. § 1.97(h), the submission of this IDS is not to be construed as an admission that the information cited in this IDS is material to patentability.

05/04/2005 ZJU HAR1 00000021 10631147

01 FC:1806

180.00 OP

This IDS is being submitted under one or more of the following sections of 37

C.F.R. § 1.97 (as indicated by an "X" to the left of the appropriate paragraph(s)):

 37 C.F.R. § 1.97(b). Filed:

- (1) Within three months of a National Application other than a CPA;
- (2) Within three months of entry into National Stage;
- (3) Before mailing of a first Office Action on the merits; or
- (4) Before mailing of a first Office Action after filing an RCE.

 X 37 C.F.R. § 1.97(c). Filed before the mailing of a Final Office Action, Notice of Allowance, or an action that otherwise closes prosecution.

And, ONE of the following:

(1) One statement from 37 C.F.R. § 1.97(e);

 (e)(1) The person signing below certifies that each item of information contained in this IDS was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this IDS; or

 (e)(2) The person signing below certifies that no item of information contained in this IDS was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing below after making reasonable inquiry, no item of information contained in this IDS was known to any individual designated in 1.56(c) more than three months prior to filing this IDS.

OR

(2) The fee set forth in 37 C.F.R. § 1.17(p).

 X A check in the amount of \$180.00 is enclosed.

 37 C.F.R. § 1.97(d). Filed on or before payment of the issue fee.

And, BOTH of the following:

(1) one statement from 37 C.F.R. § 1.97(e);

 (e)(1) The person signing below certifies that each item of information contained in this IDS was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this IDS; or

 (e)(2) The person signing below certifies that no item of information contained in this IDS was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing below after making reasonable inquiry, no item of information contained in this IDS was known to any individual designated in 1.56(c) more than three months prior to filing this IDS.

AND

(2) The fee set forth in 37 C.F.R. § 1.17(p).

 A check in the amount of \$180.00 is enclosed.

Accompanying this IDS is a list of references and a copy of each reference listed therein, EXCEPT copies of references waived under:

(A) one or more of the following sections of 37 C.F.R. § 1.98 (as indicated by an "X" to the left of the appropriate paragraph(s)):

_____ 37 C.F.R. § 1.98(c) as being cumulative (marked with an "*" on the Form PTO-1449).

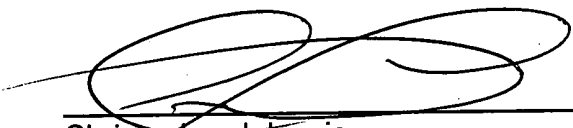
_____ 37 C.F.R. § 1.98(d) as being previously submitted in parent application
_____/_____, to which the present application claims priority under 35
U.S.C. § 120.

(B) 1273 Off. Gaz. Pat. Office 55 as being submitted with respect to an application filed after June 30, 2003.

The Commissioner is hereby authorized to charge shortages or credit overpayments to Deposit Account No. 500393. A Fee Transmittal is enclosed in duplicate for fee processing purposes.

Respectfully submitted,
SCHWABE, WILLIAMSON & WYATT, P.C.

Dated: 5/2/05



Christopher J. Lewis
Registration No. 51,246

Pacwest Center, Suites 1600-1900
1211 SW Fifth Avenue
Portland, Oregon 97204
Telephone: 503-222-9981

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